

## **SPEECH-LANGUAGE IMPAIRED (SLI) AS A PRIMARY DISABILITY**

Students may have speech and language impairments without other disabilities. In these instances the speech-language pathologist (SLP) is typically the lead team member in the prevention, identification, assessment and intervention process. Students may be found eligible as Speech and Language Impaired when they have language, articulation, fluency, or voice disorders that adversely affect educational performance and represent the student's primary impairment. These guidelines include detailed sections for language, articulation, fluency, and voice. These sections are organized by guidelines related to prevention, identification, assessment, intervention, and dismissal. However, there are several considerations for these roles are common to all, especially related to the eligibility determination process.

SLPs must adhere to the rules in Michigan's Special Education Code as well federal regulations that accompany the Individual Educational Improvement Act of 2004 (IDEA; 200). Rule 340.1710 of the Michigan Special Education code provides the following definition of a speech and language impairment as of May 20, 2005:

### **Rule 340.1710**

- (1) A "speech and language impairment" means a communication disorder that adversely affects educational performance, such as a language impairment, articulation impairment, fluency impairment, or voice impairment.
- (2) A communication disorder shall be determined through the manifestation of 1 or more of the following speech and language impairments that adversely affects educational performance:
  - (a) A language impairment which interferes with the student's ability to understand and use language effectively and which includes 1 or more of the following:
    - (i.) Phonology.
    - (ii.) Morphology.
    - (iii.) Syntax.
    - (iv.) Semantics.
    - (v.) Pragmatics.
  - (b) Articulation impairment, including omissions, substitutions, or distortions of sound, persisting beyond the age at which maturation alone might be expected to correct the deviation.
  - (c) Fluency impairment, including an abnormal rate of speaking, speech interruptions, and repetition of sounds, words, phrases, or sentences, that interferes with effective communication.
  - (d) Voice impairment, including inappropriate pitch, loudness, or voice quality.
- (3) Any impairment under subrule (2) (a) of this rule shall be evidenced by both of the following:
  - (a) A spontaneous language sample demonstrating inadequate language functioning.
  - (b) Test results on not less than 2 standardized assessment instruments or 2 subtests designed to determine language functioning which indicate inappropriate language functioning for the student's age.
- (4) A student who has a communication disorder, but whose primary disability is other than speech and language may be eligible for speech and language services under R 340.1745 (a).
- (5) A determination of impairment shall be based upon a comprehensive evaluation by a multidisciplinary evaluation team, which shall include a teacher of students with speech and language impairment under R 340.1796 or a speech and language pathologist qualified under R 340.1792.

**The federal regulations that accompany IDEA 2004 went into effect October 14, 2006.**

A child with a disability is defined, along with a speech and language impairment, as follows

**§300.8 Child with a disability.**

(a) General. (1) Child with a disability means a child evaluated in accordance with §§300.304 through 300.311 as having mental retardation, a hearing impairment (including deafness), **a speech or language impairment**, a visual impairment (including blindness), a serious emotional disturbance (referred to in this part as “emotional disturbance”), an orthopedic impairment, autism, traumatic brain injury, an other health impairment, a specific learning disability, deaf-blindness, or multiple disabilities, and who, by reason thereof, needs special education and related services.

...(c) Definitions of disability terms. The terms used in this definition of a child with a disability are defined as follows: ...

(11) Speech or language impairment means a communication disorder, such as stuttering, impaired articulation, a language impairment, or a voice impairment, that adversely affects a child’s educational performance.

(Authority: 20 U.S.C. 1401(3); 1401(30))

**PREVENTION**

Speech-language pathologists are an important part of a school’s resources as schools try to meet the learning needs of all children. With the passing of No Child Left Behind Act of 2001 (NCLB; 2001) the reauthorization of IDEA in 2004, and the changing definition of learning disabilities, schools are challenged in new ways to monitor the progress of ALL children, provide differentiated instruction, and develop capable, literate students who can speak, listen, read, and write using language. Prevention efforts are aimed at ensuring that all students attain speech and language competencies that allow them to make progress in school. Prevention efforts are also aimed to help students at risk for speech and language disorders to attain competency without being labeled as speech and language impaired (SLI).

SLPs have a role in educating school personnel and parents about normal speech and language development. Teachers and parents may promote speech and language development by providing models and by incorporating activities into everyday interactions or curricula. SLPs often support general education students through the SLP’s participation in school-wide curricular improvements and through classroom-based services. While providing in-classroom services the teacher may request activities or modeling for additional students. In many cases, these preventative activities often result in reduced referrals for formal evaluation and services.

In some districts, SLPs now provide more direct services as part of early intervening efforts. A form and guidelines are provided for SLPs using Early Intervening for language articulation, fluency, or voice. IDEA 2004 provides the following regulations:

§300.226 Early intervening services.

(a) General. An LEA may not use more than 15 percent of the amount the LEA receives under Part B of the Act for any fiscal year, less any amount reduced by the LEA pursuant to §300.205, if any, in combination with other amounts (which may include amounts other than education funds), to develop and implement coordinated, early intervening services, which may include interagency financing structures, for students in kindergarten through grade 12 (with a particular emphasis on students in kindergarten through grade three) who are not currently identified as needing special education or related services, but who need additional academic and behavioral support to succeed in a general education environment. (See Appendix D for examples of how §300.205(d), regarding local maintenance of effort, and §300.226(a) affect one another.)

(b) Activities. In implementing coordinated, early intervening services under this section, an LEA may carry out activities that include--

(1) Professional development (which may be provided by entities other than LEAs) for teachers and other school staff to enable such personnel to deliver scientifically based academic and behavioral interventions, including scientifically based literacy instruction, and, where appropriate, instruction on the use of adaptive and instructional software; and

(2) Providing educational and behavioral evaluations, services, and supports, including scientifically based literacy instruction.

(c) Construction. Nothing in this section shall be construed to either limit or create a right to FAPE under Part B of the Act or to delay appropriate evaluation of a child suspected of having a disability.

(d) Reporting. Each LEA that develops and maintains coordinated, early intervening services under this section must annually report to the SEA on--

(1) The number of children served under this section who received early intervening services; and

(2) The number of children served under this section who received early intervening services and subsequently receive special education and related services under Part B of the Act during the preceding two year period.

(e) Coordination with ESEA. Funds made available to carry out this section may be used to carry out coordinated, early intervening services aligned with activities funded by, and carried out under the ESEA if those funds are used to supplement, and not supplant, funds made available under the ESEA for the activities and services assisted under this section.

(Approved by the Office of Management and Budget under control number 1820-0600)

(Authority: 20 U.S.C. 1413(f))

Guidelines related to the provision of early intervening services are outlined in the sections that follow. The prevention, identification and referral of students suspected of having speech and language impairments should be aligned with the school building's practices for identification and referral for other disabilities. Students who are suspected of having speech and language impairments, especially, language impairments, should be discussed by building support teams or receive other early intervention practices in the same manner as those referred for other disabilities.

## ASSESSMENT

Subrule (1) states that “A “speech and language impairment” means a communication disorder that adversely affects educational performance...”; therefore the team must determine that there is both a disorder and an adverse effect on educational performance from that disorder. Determining the presence of speech and language disorders involves the collection of a variety of assessment measures including standardized tests. Important considerations for these activities will be discussed. The presence of a disorder does not necessarily mean that there is an adverse effect on educational performance; therefore, the team must also determine whether the disorder adversely affects educational performance.

### Determining Presence of Speech and Language Disorder

Part of the decision the assessment team must make is whether the student demonstrates a speech or language disorder, “without respect to its severity or impact on education,” (ASHA, 2003). There should be multiple forms of assessment used to reach this decision as mandated by IDEA 2004. It is also important that the tools selected accurately identify the presence or absence of a disorder. The appropriate interpretation of test results is also crucial, as past practices of cognitive referencing and the use of cut-off scores have been questioned in the literature and by the American Speech-Language-Hearing Association.

#### *Multiple Assessments*

A variety of measures and techniques must be used to determine eligibility or the presence of speech and language impairment. According to IDEA 2004, the determination of both a student’s disability and eligibility for service must include, “...a variety of assessment tools and strategies...” (Section 300.304). In addition, IDEA 2004 mandates that “...no single procedure is used as the sole criterion...” for determining disability or eligibility for service (Section 300.304). A comprehensive assessment may include a variety of assessment procedures, such as: (a) input from teachers, parents, and the student; (b) review of relevant records and other information, (c) curriculum-based speech/language assessment; (c) dynamic assessment; (d) communication samples, narrative tasks, or portfolio assessment; and (e) administration of standardized normative assessments. These can be considered multiple assessments when documented in the speech and language diagnostic report. Note that the requirement for multiple assessments is not interpreted as multiple standardized tests. Measurement error is inherent to all norm-referenced instruments and instead of facilitating the correct identification of students with disabilities, the administration of numerous tests merely compounds error (Disney, Whitmire, Plante, and Spinello, 2003). Federal regulations and state rules do not specify specific requirements related to the type of documentation needed. SLPs should check with their district for documentation requirements.

#### *Distance from the Mean/Cut-off Scores*

The purpose in administering tests is to appropriately identify whether a student has a speech or language disability or whether their communicative skills are within normal limits. The goal is to identify the right students without over-identifying a normally developing student as disabled or under-identifying a disabled student as normal. In the past, SLPs in Michigan were encouraged to use  $1^{1/3}$  standard deviations below the mean as a cut-off. This was an arbitrary cut-off and did

not stem from rules or regulations but was promoted in earlier versions of this guidelines document.

The rule in the Michigan special education code defining speech and language impairment (340.1710) states that standardized assessment instruments or subtests must “indicate inappropriate language functioning for the student’s age.” It does not specify that the student’s scores be a minimum number of standard deviations from the mean (cut-off score e.g., 1<sup>1/3</sup> standard deviations). There are no cut-off scores in Federal law, nor in the Guidelines from the American Speech-Language Hearing Association. In fact, the ASHA document, *IDEA and Your Caseload: A Template for Eligibility and Dismissal Criteria* (2003), discusses the problems of using a cut-off score, suggesting that it may result in uneven identification and, at times, over-identification. It is suggested that each test should be considered by the standards set for that test in order for it to be a valid method of identification (Plante, 2003).

The review of several tests in the field reveal that it is common for test authors and publishers to use one standard deviation for the test cut off. When one standard deviation is used, approximately 16% of the population is identified, statistically. See table 1 for further comparisons of standard deviations and percentiles.

Table 1

-2 SD	-1.67 SD	-1.5 SD	-1.3 SD	-1.0 SD	$\bar{x}$
2.75%	7.7%	9.4%	11.8%	15.9%	50%

SD = standard deviation  $\bar{x}$  = mean

The requirements and guidelines vary widely across states. Many states do not use a specific cut-off or number of standard deviations. Those states that do have requirements used vastly different criteria. The committee that drafted this document surveyed several states and found a variety used including: 1.0 SD, 1.5 SD, 1.75 SD, and 2.0. Apel (1993) reported similar results with states varying requirements for SLI certification from 1.0–2.0 standard deviations (SD) below the mean back in 1993. Apparently the wide range continues to be evident.

The standard of practice in Michigan for many years has been the use of 1 1/3 SD. Since it is not the purpose of this revision to *change* identification, the committee recommends continuing to use this as a general guideline with the following suggestions:

#### Test Selection Guidelines\*

- Select tests with appropriate levels ( $\geq 80\%$ )  
     Sensitivity : percent accuracy at identifying children with known disorders as having a language disorder and  
     Specificity : percent accuracy at identifying children with normal speech and language as not having a disability  
     This information is found in the technical manual.
- Watch the research related to the test that may suggest a different cut-off than the original test research (such as a new discriminate analysis).

#### Score Comparisons Guidelines\*

- Check the test manual for recommended cut-off for the test

- If  $\geq 1^{1/3}$  SD, then use that criterion, with the understanding that this criterion should not be the sole determining factor for decisions.
- If  $\leq 1^{1/3}$  SD, then it is suggested that students who fall in this range should continue to be monitored through the Early Intervening Process. This means that they would not be added onto caseload, but the team would design a new intervention plan that may be carried out by various team members.

\*Note: These guidelines are suggested practices and should not be interpreted as mandatory. SLPs should discuss/confirm their own district policies.

Specific tests will not be listed in these guidelines due to the rapidly changing assessment tools and related research. The American Speech-Language Hearing Association provides some guidance. Other sources of guidance can be found in the technical manuals of the tests and journal articles that report on test instruments.

### **Normative Reference Points**

**Chronological Age Referencing** The Michigan rule defining speech and language impairment (340.1710) states that standardized assessment instruments or subtests must “indicate inappropriate language functioning for the student’s *age*.” This means that test scores are compared to the student’s chronological age.

**Cognitive Referencing** The Michigan rule defining speech and language impairment (340.1745) does not state that standardized assessment instruments or subtests be compared in any way to the student’s cognitive performance (i.e., Mental age or IQ). This practice of comparing a student’s language performance to their performance on cognitive measures is referred to as cognitive referencing. It is also known as using a discrepancy formula since one would attempt to identify a discrepancy between language performance and cognitive performance (frequently nonverbal cognitive performance).

Cognitive referencing is based upon several assumptions related to students with cognitive impairments, and intelligence quotient (IQ) testing. Cognitive referencing makes the assumption that treating children who do not have an IQ-language gap will be of no benefit. Research has shown that this is not the case, that children without such a gap do indeed make demonstrable gains from speech and language intervention (Cole, 1996). It also makes the assumption that IQ measures are stable. It has been shown that scores on IQ tests may fluctuate both across tests and within the same tests over time. Consequently, discrepancies are unstable (Plante, 2003). Cognitive referencing was also based on the premise that there are non-verbal IQ measures to compare with language measures. However, it is questionable whether any IQ measures are truly language free (Disney, Plante, Whitmire, & Spinello, 2003).

Although the 1991 version of this document encouraged this comparison, this was never part of the Michigan rule or Federal law. Current law (both state and federal) does NOT mandate or encourage cognitive referencing when determining eligibility for speech and language services. In fact, the use of cognitive referencing as the *sole* determining factor may be questionable, since IDEA 2004 guarantees that eligibility is based upon educational need versus a diagnostic category and because all children must be provided a free and appropriate public education.

Recently, it is proposed that the implementation of a Response to Intervention models may provide an alternative to cognitive referencing (Ehren & Nelson, 2005; Troia, 2005).

Cognitive referencing often becomes an issue for speech pathologists when students have low-average or borderline cognitive performance. The student struggles in school, but does not qualify as cognitively impaired or learning disabled. These students often have learning problems across several domains in addition to language problems. If the discrepancy model is used for LD and *not* used for SLI, there is the potential for making the SLP the primary service provider for a student needing significant levels of support, accommodations, and modification. When a primary eligibility of SLI is considered, this should reflect the student's **primary** disability. If the team finds throughout assessment that the student has many learning difficulties across several domains, then a plan needs to be designed to meet the student's needs, whether it be through general or special education. Responsibility for this should not rest solely with the SLP. Hopefully, as Response to Intervention models are implemented, systems will be put into place that will provide support to students who are struggling in general education. This will enable students who do not fit the traditional eligibility requirements for LD and SLI to have supports.

#### **Determining Adverse Educational Effect, NCLB, and IDEA 2004**

Since the publication of the last version of this document, there has been a significant shift of emphasis on the student's ability to progress educationally and the impact on their communication deficits on educational performance. This is actually not a new aspect of Michigan rule as the first part of rule 340.1710 has always pertained to educational effect:

“A ‘speech and language impairment’ means a communication disorder that adversely affects educational performance, such as a language impairment, articulation impairment, fluency impairment, or voice impairment.”

However, with the passage of the 1997 Reauthorization of IDEA, there was a greater emphasis on students' progress in the general curriculum, and this is significantly reinforced in IDEA 2004, with multiple references to NCLB. NCLB has had such a great impact on education it that “it has become impossible to discuss IDEA or special education without having a fundamental understanding of NCLB, its intent, and its general provisions” (Moore-Brown and Montgomery, 2005, p. 3). SLPs must show the relevance of their services as schools struggle to help all students to make adequate yearly progress (AYP). Moore-Brown and Montgomery (2005) provide a glossary of terms for NCLB and discuss the implications for SLPs.

A crucial aspect of speech and language assessments include evaluating the student's speech and language abilities given the communication demands in school. This includes assessing the student's response to supports and scaffolding from the teacher or SLP, review of students' portfolios and work samples, watching how the student attempts various challenging tasks or speaking opportunities. This information drives decision making. Much of this data may be gathered during the early intervening phase. If early intervening services were not provided, then it is suggested that the SLP uses dynamic assessment/trial intervention, observations, collecting samples, and other activities described later in this document. The assessment of adverse effect is often the more burdensome task and will often require narrative description in the diagnostic report.

It should also be noted that the Department of Education, Office of Special Education and Rehabilitative Services has written policy letters interpreting the term, “adversely affects educational performance” as it relates to eligibility considerations for speech and language impairments. Repeatedly the Department of Education has indicated that educational performance is a “broader construct” than academic performance alone and multiple assessment measures and the professional judgment of the SLP must be used to determine the need for services. In 1980, the interpretation states, in part,

“In the event that the speech-language pathologist establishes through appropriate appraisal procedures the existence of a speech-language impairment, the determination of the child’s status as a “handicapped child” cannot be conditioned on a requirement that there must be a concurrent deficiency in academic performance” (Department of Education, 1980).

In addition, the Department of Education has “a child’s education performance must be determined on an individual basis and should include nonacademic as well as academic areas” (Department of Education, 1990). “Local agencies that deny student services who have obvious speech and language impairments because they did not have concomitant problems in academic achievement were using a very narrow definition of educational performance” (Dublinske, 2002). Furthermore Dublinske (2002) notes that one can simply review the curriculum benchmarks, standards, or grade level expectations to see evidence of impact of speech impairments (articulation, voice, or fluency) on curriculum.

Throughout IDEA 2004, references to educational performance are discussed as academic and functional (e.g., §300.324, 300.303) and to academic, nonacademic, and such as in §300.107 as follows:

§300.107 Nonacademic services.

The State must ensure the following:

(a) Each public agency must take steps, including the provision of supplementary aids and services determined appropriate and necessary by the child’s IEP Team, to provide nonacademic and extracurricular services and activities in the manner necessary to afford children with disabilities an equal opportunity for participation in those services and activities.

(b) Nonacademic and extracurricular services and activities may include counseling services, athletics, transportation, health services, recreational activities, special interest groups or clubs sponsored by the public agency, referrals to agencies that provide assistance to individuals with disabilities, and employment of students, including both employment by the public agency and assistance in making outside employment available.

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(Authority: 20 U.S.C. 1412(a)(1))

## **INTERVENTION**

It is most important that speech and language intervention help students to progress in the general curriculum as mandated in IDEA 2004. As discussed above, educationally relevant practices are essential. Intervention approached should also be evidenced-based. It is the



responsibility of the SLP and team. It is also essential that SLPs carefully track the progress of the students they serve, and use these results to make changes to intervention programs as the data indicates. These issues will be discussed as they pertain to each speech and language area in the following sections on language, articulation, fluency, and voice.

### **DISMISSAL CRITERIA**

ASHA (2003) makes the following recommendations for dismissal criteria in the schools. These suggestions differ from the recommendations in the last version of the MSHA document and in the 1999 Guidelines document from ASHA, in order to meet the requirements of IDEA regulations 1997 and 2004. It is suggested that these considerations be made and discussed further by local districts.

The decision-making process for dismissing a child from speech-language services is different for children receiving special education services than it is in the clinical setting. In a clinical setting, dismissal criteria can include issues regarding motivation, attendance, or lack of progress. In special education, however, dismissal decisions must comply with IDEA.

All children who are found eligible for special education must receive services. Eligibility stems from the federal definition of a “child with a disability” and has a two-prong test:

1. Has the child been found to have a disability as a result of an evaluation conducted in accordance with IDEA requirements? AND
2. As a result of having a disability, does the child need special education and related services?

A child may be dismissed from receiving services only when he/she no longer would be identified as having a speech-language impairment. If the child continues to meet those criteria, the child must continue to be served.

So, how is a child to be dismissed? The school team that makes eligibility decisions conducts the two-prong test, reviewing the evaluation data (which can include data on the child’s progress in meeting the annual goals). A review of the definitions of speech-language impairment and special education can assist in making the decision.

- ◆ “Speech-language impairment means a communication disorder, such as stuttering, impaired articulation, a language impairment, or a voice impairment, that adversely affects a child’s educational performance.” (34 CFR § 300.7)
- ◆ “Special education means specially designed instruction, at no cost to the parents, to meet the unique needs of a child with a disability...” (34 CFR § 300.26)

Children who have a speech-language impairment and no other disability must need special education (specially designed instruction) to be eligible. The converse would also be true for a child to be dismissed from services –the child with “speech-language only” would no longer need specially designed instruction.

Dismissal from services may occur if:

- ◆ the child no longer has a speech-language impairment; OR
- ◆ although the child has a speech-language impairment, it no longer affects his/her educational performance; OR
- ◆ although the child who has received speech-language services as special education still has a speech-language impairment that affects his/her educational performance, the eligibility team determines that he/she does not need special education;

The question remains as to what options speech-language pathologists have when children are failing to make progress, for any of a variety of reasons. IDEA 2004 includes requirements regarding lack of progress. The IEP team is to “review the child’s IEP to determine whether the annual goals for the child are being achieved and revise the IEP as appropriate to address any lack of expected progress toward the annual goals” (34 CFR § 300.343 (c)). The speech-language pathologist should seek the assistance of the IEP team whenever a child fails to make progress. A number of options could be considered as follows:

- ◆ The child is not motivated to continued working on a communication impairment. The IEP team may determine that the child is having motivational problems in other special education and regular education classes. A joint effort would then be pursued to address motivation. If the IEP team identifies that motivation is a problem only in speech-language services, the SLP may consider a change in intervention focus or service delivery, or discuss other support options with the IEP team.
- ◆ There are extenuating medical circumstances. If the medical circumstance is temporary (i.e., the child is receiving a particular treatment that requires absence from school), the IEP team should reconvene and revise the IEP to reflect the services the child should receive during the medical situation. Documentation should be in place to explain why any service is temporarily discontinued. Upon the child’s recovery and return to school, the IEP should be again revised and services initiated as appropriate. Such a child would not be dismissed from services temporarily.
- ◆ The child is not making progress. If the lack of progress is not related to reaching a plateau that could be anticipated based on the child’s disability, the IEP team should consider the reasons for the lack of progress. In some cases, the cause may be the complexity of the speech-language impairment and the need for the student to receive more specialized speech-language services.

(ASHA, 1993, p. 30-32, reprinted with permission)

When the student has plateaued in his/her progress and multiple attempts have been made to redesign services, the team may discuss whether there is a lack of educational benefit. The team makes decisions about how to proceed with the input of district administrators.

## REFERENCES

- American Speech-Language-Hearing Association. (2003). *IDEA and Your Caseload: A Template for Eligibility and Dismissal Criteria for Students Ages 3 through 21*. Rockville, MD: Author.
- Apel, K. (1993, November). *Index of state's definition of language impairment and qualification for service* [Handout]. Presentation at the annual convention of the American Speech-Language Hearing Association, Anaheim, CA.
- Cole, K. (1996). What is the Evidence from Research with Young Children with Language Disorders? ASHA Special Interest Division 1, Language Learning and Education Newsletter, 3(1), 6-7.
- Disney, S., Plante, E., Whitmire, K., & Spinello, E. (2003). *Educationally Relevant Assessments*. Rockville, MD: American Speech-Language –Hearing Association
- Dublinske, S. (2002) "Adverse Affects Educational Performance" Policy 1980-2002; Nothing has changed Perspectives on School-Based Issues, American Speech-Language-Hearing association Division 16, vol, 3, (2) pp 3-8.
- Individuals with Disabilities Education Act (IDEA), 20 U.S.C. §1400 et seq. (1990).
- Individuals with Disabilities Education Act (IDEA) Amendments, 20 U.S.C. §1400 et seq. (1997).
- Individuals with Disabilities Education Improvement Act of 2004 (IDEA), 20 U.S.C. § 1400 et seq. (2004).
- Michigan Department of Education (2002). *Revised Administrative Rules for Special Education*. Lansing, MI: Author.
- Moore-Brown, B. & Montgomery, J. (2001). *Making a Difference for America's Children: Speech-Language Pathologists in Public Schools*. Eau Claire, WI: Thinking Publications.
- Moore-Brown, B. & Montgomery, J. (2001). *Making a Difference for America's Children In an Era of Accountability: Update on NCLB and IDEA 2004*. Eau Claire, WI: Thinking Publications.
- No Child Left Behind Act of 2001, 20 U.S.C., §6311 et seq. (2002).
- Plante, E. (2003). *Cognition, Language, and IDEA: What you should know about eligibility criteria*. Concurrent session at the ASHA Schools 2003 Conference. 7/11/03-7/13/03. Anaheim, CA.